

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/580,448
	Filing Date	May 30, 2000
	First Named Inventor	Snyder
	Title	ASSISTING CUSTOMERS IN CHOOSING A BUNDLED SET OF COMMODITIES USING CUSTOMER PREFERENCES
	Art Unit	3691
	Examiner Name	Subramanian
	Attorney Docket Number	026970-005510US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	/David B. Raczkowski/	Date	February 29, 2008
Name	David B. Raczkowski, Reg. No. 52,145	Telephone	(415) 576-0200
Title and Company	Attorney, Townsend and Townsend and Crew LLP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of one (1) form is submitted.